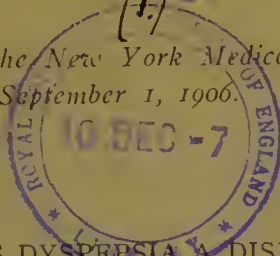


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IS NERVOUS DYSPEPSIA A DISEASE SUI GENERIS?

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The classification of stomach neuroses in medical literature has had different periods. During the seventeenth and eighteenth centuries many forms of gastric disorders were called nervous dyspepsy. With the development of pathologicoanatomical discipline during the middle of the nineteenth century anatomical conditions as the cause of what was called nervous dyspepsy were found, and the existence of purely nervous dyspepsy was denied. Again, in 1879, Leube formulated a system of description of nervous dyspepsy which is entirely theoretical and very indistinct. Many writers then assumed that cases of so called nervous dyspepsy for which no anatomical basis could be discovered, were manifestations in the stomach of general neurasthenia or hysteria.

Studying the relations of atonia gastrica to gastric disorders we arrive at the conclusion that many cases which have been diagnosticated as hysteria, neurasthenia, or nervous dyspepsy, are nothing but manifestations of atonia gastrica.

The physiological function of the diversified crosswise fibrous arrangement of the three flat muscles of the abdominal wall, supported by the rectus abdominis, consists in preserving the physiological position of the abdominal viscera, simultaneously regulating the movements of the fluid contents of these viscera, controlling to some extent the secretion, the circulation, and the innervation.

When the abdominal wall becomes atonic, when

the muscular fibres are relaxed, diastatic, elongated, the fasciæ and tendons flaccid, when there is splashing sound, the abdominal muscles can no longer support the viscera wholly or partly, nor control their functions as under normal conditions, and the first consequence is that these organs leave their normal position and sink down. Such ptosis is conducive to many pathological conditions, especially gastric disorders of anomalous secretory as well as motoric functions. All pelvic organs, the stomach, the intestines, kidneys, liver, uterus, may be involved in different ways by gastropptosis. (By this word I mean abdominal relaxation.)

The reflex effects upon innervation are many, and, as mentioned already, many cases which have been diagnosticated as hysteria, neurasthenia, or nervous dyspepsy, are nothing but manifestations of atonia gastrica. Nothing is easier than to furnish conclusive evidence. When we have to deal with a case diagnosticated as nervous dyspepsy in which splashing sound can be elicited, we apply the abdominal plaster strapping, that is, we relieve the relaxation, and if by means of this strapping the gastric symptoms are relieved, we cannot doubt any more as to the cause of the dyspepsy.

Abnormal forces of pressure and traction which make themselves felt in the relaxation of the abdominal walls have been investigated too little in regard to their pathological and nosological importance, while the forces that may be turned to account in order to regulate abnormal pressure and traction, have not met with sufficient therapeutical recognition. The enthusiasm entertained for bacterial, chemical, or toxic processes has caused modern medicine to forget almost entirely the importance of mechanical conditions. When we relieve by means of abdominal support the symptoms of so called nervous dyspepsy, we have a scientific foundation for our therapy, while medicinal treatment is frequently

but a blind experimentation with unknown quantities.

I beg to refer to my numerous writings on the relation of atonia gastrica to different nosological and pathological conditions.¹ In all these publications the abdominal belt for the relief of gastroptosis and the mode of its application are fully described.

The adhesive plaster belt, if properly applied, and with proper selection of the kind of plaster used will be borne by most patients comfortably for about five weeks. Not only is there no complaint, but great enthusiasm of the beneficial effect pronounced by the patients. Those whose skin is so exceedingly sensitive that the plaster becomes intolerable are rare exceptions.

126 EAST TWENTY-NINTH STREET.

¹ Achilles Rose, *Atonia Gastrica and a New Method of Treatment*, *New York Medical Journal*, May 11, 1901.

Achilles Rose and Robert C. Kemp, *Atonia Gastrica*, New York: Funk & Wagnalls Company.

Achilles Rose, *Atonia Gastrica in Relation to Cholelithiasis*, *The Postgraduate*, June, 1906.

